

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/564720
09/26/2000

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7			/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12	/		/			
13	2		/			
14	2		/			
15	2		/			
16	2		/			
17	1		/			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	22	←	17	←	←	
TOTAL CLAIMS	26		19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	←
TOTAL CLAIMS					↓	←